



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Date: October 16, 1992File No. A- 57496/DJB/JPBCommissioner of Patents
and Trademarks
Washington, DC 20231

Sir:

"EXPRESS MAIL" MAILING LABEL

NUMBER TB156360556 USDATE OF DEPOSIT October 16, 1992

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO: THE COMMISSIONER OF PATENTS AND TRADEMARKS, WASHINGTON, DC 20231.

TYPED NAME G.M. ShafferSIGNED G.M. Shaffer

no fee Transmitted herewith for filing is the patent application of Inventor(s):
Samuel Weiss, Brent Reynolds, and Joseph Hammang

For: REMYELINATION USING NEURAL STEM CELLS

Enclosed are also:

 Prior Art Statement
 X 1 Sheets of drawing, Formal x , Informal
 An Assignment of the invention to:

Cost of recording to be charged to Deposit Account No. 06-1300
(Order No.)

 Power of Attorney by Assignee & Exclusion of Inventor Under 37 CFR 1.32
 Combined Declaration and Power of Attorney for Patent Application
 Declaration for Patent Application
 Associate Power of Attorney
 Small Entity Status Declaration Under 37 CFR

FOR:	(Col. 1) NO. FILED	(Col. 2) NO. EXTRA	SMALL ENTITY RATE	FEE	OR	OTHER THAN A SMALL ENTITY RATE	FEE
BASIC FEE				\$345	OR		\$690
TOTAL CLAIMS	<u> 35 </u> - <u>20</u> = *	<u> 15 </u>	x10 = \$		OR	x20 = \$	
INDEP CLAIMS	<u> 9 </u> - <u>3</u> = *	<u> 6 </u>	x36 = \$		OR	x72 = \$	
[] MULTIPLE DEPENDENT CLAIM PRESENTED			+110 = \$		OR	+220 = \$	
*If the difference in Col. 1 is less than zero, enter "0" in Col. 2.			TOTAL	\$	OR	TOTAL	\$

 Our Check No. in the amount of \$ to cover the filing fee is enclosed.

 The Commissioner is hereby authorized to charge any additional fees which may be required, including extension fees, or credit any overpayment to Deposit Account No. 06-1300 (Order No.). Two copies of this sheet are enclosed.

Respectfully submitted,

Jan P. Brunelle
Jan P. Brunelle
Registration No. 35,081
FLEHR. HOHRACH TEST